			THE DIVISION OF HE	ALTH OF MISSOUR	ય	5502	
0.300 0.48	FILED FEB 17 1949 STANDARD CERTIFICATE OF DEATH State File No.					.	
1	BIRTH NO	R	EG. DIST. NO. 200	PRIMARY REG. DIST. A			
3	I. PLACE OF DEATH a. COUNTY MACON			a. STATE MO.	NCE (Where deceased lived b. COUN		
RECORD	b. CITY (If outside corporate) OR TOWN	imite, write RURA	township) STAY (in this place)	c. CITY (If outside corpor OR TOWN	orate limits, write RURAL and		
	/ <i> </i>	hospital or institu	ation, give street address or location)	d. STREET ADDRESS	(If rural, give location)	0 11 x x 11 x	
REC	3. NAME OF B. (FIII) DECEASED	<u>/ →04</u>	b. (Middle)	c. (Last)	4. DATE (A	fonth) (Day) (Year)	
T.	(Type or Print) So	· / · / · · · · · · · · · · · · · · · ·	LE/ POSON	JONES	DEATH	3N. 22,1949	
ANE	5. SEX 6. COLOR	OR RACE 7.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	JON. 2	9. AGE (In years) last birthday) 8.88	# UNDER 1 YEAR F UNDER M MRS. Months Days Hours Min.	
PERMANENT	10a. USUAL OCCUPATION (Given dozed during most of working life, or HOLL SCA) 156	ren if retired)	b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (Black of		12. CITIZEN OF WHAT COUNTRY?	
ы	13a. FATHER'S NAME	<u></u>	136. MOTHER'S MAIDEN		14. NAME OF HUSBAND	OR WIFE	
▼	Herikiah Inje	SON	Ellen Ja	KSON	William	4. JONES	
ήλкε	15. WÁS DECEASED EVERAN U (Yes, aq. or unknown) (If yes, give	,S, ARMED FOR war or dates of se		17. INFORMANT'S	SIGNATURE OR NA MINONES.	Macon ADDRESS	
	18. CAUSE OF DEATH MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
INK	Enter only one osuse per l. DIS DIRE	CTLY LEADING	TO DEATH (a) Orona	ry Throub	osis	Auden	
CK	*This does not mean the mode of dying, such Morbid conditions, if any, giving DUE TO (b) Most Negative Conditions.						
BLA	l as beart failure, arthenia TISE	nd conditions, if o the above cause aderlying cause lo	est.	1 / J	· M		
SING UNFADING			DUE TO (c) NT CONDITIONS g to the death but not condition causing death.	. 4	- do		
			S OF OPERATION	-	:	20. AUTOPSY?	
	21a. ACCIDENT (Specify SUICIDE HOMICIDE	21b.	PLACE OF INJURY (e.g., in or about e, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TO	OWNSHIP) (COU		
Ea—	21d. TIME (Month) (Day) OF INJURY		21e. INJURY OCCURRED WHILEAT NOT WHILE WORK AT WORK	21f. HOW DID INJURY C	OCCUR?	<u>,</u>	
AINLY	22. I hereby certify that I attended the deceased from fact. 14, 1949, to fact 14, 1949, that I last saw the deceased alive on, 19, and that death occurred at Li30Bm., from the causes and on the date stated above.						
PLA	23s. SIGNATURE	<u>, </u>	(Degree or title)	23b. ADDRESS	cauce and on the uni	23c. DATE SIGNED	
· · · · · ·	Howai	Jun	ller mo ()	maron	no ·	Jan 25 1949	
VRITE	24a. BURIAL. CREMA- 24b. TION, REMOVAL (Breakly)	DATE / 24/49	24c. NAME OF CEMETER	Y OR CREMATORY 24	M. LOCATION (City, town,	or county) (State)	
5		ISTRAR'S SIGN		5. FUNERAL PIRECTO	OR'S SIGNATURE	ADDRESS	
	1-27-49 White 1117 ledy 11 Carry 17 MWV CAI					Maon M.	
_			(Licensed Embelmer's S	esternent on Reverse Side)	, ,		

RECEIVED District Health Officer No. District File Number 2:49.3

Data Filed ______EEB-1-6-194

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	Student Embalmer No.

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.